



HPRP Funds Management Guide

I. Eligible Expenses

There are four categories of eligible activities: financial assistance, housing relocation and stabilization services, data collection and evaluation and administration. Eligible activities under each of these categories are listed below.

A. Financial assistance:

- a. short-term rental assistance (3 months)
- b. medium-term rental assistance (4-18 months)
- c. rent arrearages (up to 6 months)
- d. security deposits
- e. utility deposits
- f. utility payments (up to 18 months including up to 6 months arrearages)
- g. moving cost assistance
- h. motel and hotel vouchers (up to 30 days if subsequent housing has been identified but is not immediately available and no appropriate shelter beds are available)
- i. staffing and operating costs associated with implementing eligible financial assistance activities
 - i. Only third party payments are allowed; direct payments to program participants are not allowed.
 - ii. There is an 18 month cap on rental assistance inclusive of any arrearage payments, e.g. after paying 6 months rent arrearages, the household is eligible for only 12 more months of rental assistance. In addition, grantees and subgrantees must certify eligibility for rental assistance at least once every three months.

B. Housing relocation and stabilization services:

- a. case management
- b. outreach and engagement
- c. housing search and placement
- d. legal services
- e. credit repair

C. Data collection and evaluation:

Subrecipients are required to budget 1.5% of their grant award for Data Collection and Evaluation. IHCD A will use the Indiana HMIS to collect data for HUD reports and client assessment.

- a. IHCD A will charge each Subrecipient 1% of their allocation for Data Collection and Evaluation. IHCD A will be invoice Subrecipients quarterly. IHCD A will use Data Collection and Evaluation funds to:
 - i. purchase of HMIS software or licenses
 - ii. staffing associated with operation of HMIS
 - iii. HMIS training
 - iv. costs related to participating in HUD-sponsored research and evaluation as required
- b. Subrecipients may use up to 0.5% of their award for:
 - i. leasing or purchasing computer equipment
 - ii. costs associated with data collection, entry and analysis

D. Administrative costs: IHCD A Subrecipients may use up to 2% of grant for administration costs. Administration funds may be spent on:

- a. pre-award administration
- b. accounting for use of funds
- c. preparing HUD reports, program audits
- d. post-award administration
- e. administration-related staff costs

E. Ineligible HPRP Activities

HPRP is for housing and housing –related expenses. Financial assistance or services to pay for expenses available through other Recovery Act Programs including child care and employment training are ineligible under HPRP. The following are examples of ineligible costs:

- a. mortgage costs and mortgage arrearages
- b. construction or rehabilitation
- c. payment of credit card or other consumer debt
- d. car repair or transportation costs
- e. travel costs
- f. medical or dental care and medicines
- g. clothing and grooming
- h. home furnishings
- i. pet care
- j. entertainment activities
- k. work or education related materials

1. cash assistance to participants

F. Eligible HRRP Participants

Eligible individuals and families must meet three criteria:

- a. Willingness to have at least an initial consultation with a case manager or other assessment professional;
- b. Household must be at or below 50% of Area Median Income (AMI); and
- c. Household must be either (a) homeless or (b) at risk of losing its housing, and meet both of the following circumstances: (1) no appropriate subsequent housing options have been identified; AND (2) the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.
- d. The HUD Notice provides a definition of homeless which is similar – but not identical - to the McKinney Vento definition used in the Supportive Housing Program (SHP) and Shelter Plus Care (SPC) programs for permanent housing. Individuals or families are homeless and eligible for the HPRP if they are:
 - i. Sleeping in an emergency shelter
 - ii. Sleeping in a place not meant for human habitation such as cars, parks, abandoned buildings, street/sidewalks
 - iii. Staying in a hospital or other institution for up to 180 days but were sleeping in an emergency shelter or other place not meant for human habitation immediately prior to entry into the hospital or institution
 - iv. Graduating from or timing out of a transitional housing program
 - v. Victims of domestic violence
- e. Using the above eligibility criteria as a base, the HUD Notice also allows grantees the flexibility to design HPRP-funded program and initiatives that meet the unique needs of homeless and at-risk people in the grantee's jurisdiction.
- f. All IHCD Subrecipients are required to use the web based Indiana Housing Options Planning Evaluator (I HOPE) to qualify participants.**

II. Bank Accounts

- A. Each Subrecipient is required to set up a separate bank account in an FDIC insured bank solely for the purposes of the IHCD HPRP funds.
 1. The account may be a checking or savings account and it may be interest bearing. Any interest accrued is to be used for HPRP activities.
 2. IHCD will only have the ability to deposit into this account. It is otherwise entirely the Subrecipient's account.
- B. IHCD will disburse HPRP funds to each Subrecipient using an ACH transfer to the Subrecipient dedicated HPRP bank account.

C. Each Subrecipient must complete an IHCD A HPRP Direct Deposit Form (Attachment A).

1. The form should be completed by the appropriate financial officer in your agency, who also signs it. The signature of the Executive Director is not required.
2. The form must be completed and returned to us before we can prefund your account on October 10, 2009.

III. General Ledger, Chart of Accounts, Staffing Allocation

- A. IHCD A Subrecipients are required to set up a chart of account that corresponds to eligible HPRP activities.
- B. IHCD A Subrecipients are required to complete the IHCD A Chart of Accounts Survey (Attachment B) and return to IHCD A. IHCD A auditors review and approve Subrecipient Chart of Accounts prior to funding.
- C. IHCD A Subrecipients are required to generate automated monthly expense reports for eligible HPRP activities.
- D. IHCD A Subrecipients are required to have written cost allocation procedures for HPRP eligible activities.
- E. IHCD A Subrecipients are required to track staff time for HPRP by eligible activities. IHCD A prefers an automated accounting system but will except a manual tracking system, such as Excel, provided that there are signed time sheets that track HPRP line items.

IV. Required Documentation:

A. Monthly claim vouchers are required to have the following documentation:

1. An automated expense report for eligible activities
2. Check register for all HPRP expenses.
 - a. Direct Assistance made on behalf of clients must include HMIS generated participant identification number, general ledger account information, address of assistance where appropriate and HUD Activity Number.
 - b. Check registers can include assistance to multiple participants.
 - c. Subrecipients are required to maintain monthly claim files that include all necessary documentation to justify use of HPRP funds. File must be made available to IHCD A auditors upon request.

B. Claim Files

1. Claim files must contain documentation in support of HPRP expenses for each month of the grant.
2. Monthly claim files should be organized on a cash basis (in order of payment) corresponding to the monthly expense report.
3. Each file should contain monthly expense report, copies of check and check register, and monthly bank statement.
4. In addition, the following matrix describes the documentation requirement by eligible expense.

Direct Assistance	Check and Check Register	Documentation	Location	Tracked in HMIS
Short-term Rental Assistance	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Lease/Voucher	Client File	X
Medium-term Rental Assistance	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Lease/Voucher	Client File	X
Security Deposits	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Lease/Voucher	Client File	X
Utility Deposits	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Copy of Bill	Monthly Claim File	X
Utility Payments	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Copy of Bill	Monthly Claim File	X
Moving Cost Assistance	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Copy of Bill	Monthly Claim File	X
Motel & Hotel Vouchers	1. Client Identification No. 2. Account No. 3. Rental Address 4. HUD Activity Number	Copy of Bill	Monthly Claim File	X
Housing Inspections	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill (with address) or staff time sheet with HUD Activity Number	Monthly Claim File	X
Staffing Costs for Direct Assistance	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill or staff time sheet with HUD Activity Number	Monthly Claim File	X

Housing Relocation and Stabilization Services	Check and Check Register	Documentation	Location	Tracked in HMIS
Case Management	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill or staff time sheet with HUD Activity Number	Monthly Claim File	X
Outreach & Engagement	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill or staff time sheet with HUD Activity Number	Monthly Claim File	X

Housing Search & Placement	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill or staff time sheet with HUD Activity Number	Monthly Claim File	X
Legal Services	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill or staff time sheet with HUD Activity Number	Monthly Claim File	X
Credit Repair	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Vender Bill or staff time sheet with HUD Activity Number	Monthly Claim File	X

Data Collection and Evaluation	Check and Check Register	Documentation	Location	Tracked in HMIS
HMIS User Fees	1. account number 2. HUD Activity Number	Invoice	Monthly Claim File	No
Equipment	1. account number 2. HUD Activity Number	Invoice	Monthly Claim File	No
Staffing Costs for Data Entry	1. Staff Identification 2 account number	Time Sheet	Monthly Claim File	No

Administration	Check and Check Register	Documentation	Location	Tracked in HMIS
Staffing Costs for Administration	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Time Sheet	Monthly Claim File	No
Travel (Training)	1. Staff or Vender Identification 2. Account No. 3. HUD Activity Number	Invoice or voucher and registration where appropriate	Monthly Claim File	No

V. Monitoring

A. Scheduling

1. During the first year of the Indiana HPRP, IHCDA will schedule file reviews of each Subrecipient quarterly. A random sample of 20% of active files will be reviewed.
2. During the second and third year of the Indiana HPRP, IHCDA will schedule biannual file reviews of each Subrecipient. A random sample of 20% of active files will be reviewed.
3. Subrecipients will be given a minimum of one week notice prior to audit visit.

B. Review

1. Internal Controls
2. Participant eligibility
3. Eligibility documentation
4. Rental assistance standards and calculations
5. Direct Assistance documentation

6. Crosswalk of file documentation and claims

C. Corrective Actions

1. After each audit, IHCDCA will issue an audit report and schedule an exit interview.
2. Audit report will list all corrective actions needed with a time for completion and be sent to IHCDCA as well.
3. IHCDCA will issue a letter of completion for corrective action for all critical findings which will be due to IHCDCA no more than 10 business days following the issuance of the audit report.
4. Prior to next audit visit, IHCDCA will inform auditors of corrective actions taken by subrecipient.

Auditors will perform 100% file audit when over 30% of audited files have findings. Subrecipients that either fail to take curative actions or have persistent and serious finding are subject to termination of the Grant Agreement.

VI. Claims

A. Claim Policies

1. Subrecipients are required to make monthly claims – 12 claims per program year.
2. Direct Assistance must be claimed monthly. No claims will be reimbursed after 60 days of the liability.
3. Claims will be processed using web based DMS
 - a. Claim voucher and report must be complete prior to payment
 - b. Claim files will be maintained by Subrecipient and audited by IHCDCA

B. Claims Process

1. Subrecipient completes and submits monthly report on DMS.
2. Subrecipient completes and submits claim on DMS.
3. Until IHCDCA receives approval for electronic signature, the Subrecipient will print off claim voucher and return to IHCDCA with monthly expense report and check registers for all expenses being claimed.
4. IHCDCA Community Services Staff will review claim voucher, expense report and check register and either approve or disapprove the claim.
5. Upon approval of claim, Community Services staff will forward the claim to IHCDCA accounting staff to approve and initiate ACH transfer.
6. Subrecipient is required to maintain claim documentation for monthly claims.

VII. Budget Modifications

At some point during the program, the subrecipient may need to reallocate funds budgeted among the six approved activities. Budget modification requests are reviewed by IHCDCA's HPRP Staff to determine if the sub-recipient has administered the grant in a timely and responsible manner, if the proposed modification presents new issues in meeting federal or state regulatory or policy

requirements, or if the request in any way changes the factors involved in the initial evaluation of the proposal for funds.

Two Types of HPRP Budget Modifications:

- 1) **Line Item Budget Modification:** Subrecipients can modify the amounts among line items *within* an activity (within Financial Assistance; Housing Relocation and Stabilization Services; Data Collection and Evaluation; or Administration). There is no limit on the number of line item budget modifications that can be submitted throughout the award period. These requests require approval by the Community Services Director at IHCD. IHCD will e-mail an approval/denial response letter to subrecipient within 10 business days of the request.
- 2) **Budget Grant Amendment:** Subrecipients may change allocations *between* activities in the budget (such as moving money from Housing Relocation and Stabilization Services to Financial Assistance) OR between homeless prevention and rapid re-housing activities, which would alter the 65%/35% split. These changes would alter the budget as set up in the original program agreement, and therefore requires the agreement to be officially amended. *Sub-recipients are limited to no more than three (3) budget grant amendments during the course of the agreement.* This limitation does not include any amendments made by IHCD to re-distribute HPRP funds during the course of the program. These requests require approval from Community Services Director and IHCD Executive Director. IHCD will notify sub-recipient of decision within 10 business days of the request. If approved, IHCD will send a Contract Amendment Form, which must be signed by the Chief Executive Officer of the organization and returned by mail to IHCD HPRP Program Coordinator. IHCD Executive Director will then sign the Amendment and a scanned executed copy will be sent by e-mail to subrecipient.

Budget modification request procedure:

- Complete the **Budget Modification Form** electronically (<http://www.in.gov/ihcd/2509.htm#HPRP>). Print and sign by Chief Executive Officer. Red error messages on form should be corrected prior to submission. When entering amounts in “Removed” column, enter it as a negative number, (i.e. \$-4,000).
- Complete **Request Letter** on organization’s letterhead with original signature of Chief Executive Officer. Letter must explicitly explain the circumstances and rationale of the requested budget change.

Both documents can be scanned and e-mailed, faxed or mailed attention to IHCD HPRP Program Coordinator. Requests signed by any other staff member will not be considered. The request will be reviewed and responded to no more than 10 business days from date of receipt.

A brief introduction to the DMS system follows:

Claims Management User Guide

As a Grantee of an award from IHCD A you may be able to submit claims online using the IHCD A Online (<https://IHCD AOnline.com>) Claims Management site. You can also report your Award Job Hours online.

Submitting Claims

Please note that not all funding programs currently allow electronic claims submission.

1. Login with you user name and password.
If you need instructions for obtaining a user name and password, see the video entitled *Registering a Username and Password* on the IHCD A Online Resources and Training Videos page.
(<https://ihcdaonline.com/Links.htm>)
2. On your programs menu, click “Claims Management.”
3. What appears next is your list of claims prepared.

Programs	
Owner Certification	This will allow a property manager to complete their Owner Certifications for the RHTC, CDBG, HOME, and Development Fund programs.
Progress Report	This will allow the owner or developer to enter the Semi-Annual 8609 progress report.
Single Family Software Download	Single Family Participating Lenders can download the IHSF software from here to manage their MRB, MCC, DPA, and MSP reservations.
Loan Reservation System	Lenders can create and manage their MSP, Bond, and MCC loan reservations for the Single Family program. This interface is for lenders who are unable to use the full single family software client. This is a simplified interface with only the core features. It is recommended that all participating lenders use the IHSF software (link above) when possible.
IDA	Individual Development Account Administrators can manage their participants and programs through this site.
NAP	Neighborhood Assistance Program. This will allow awardees to enter their quarterly reporting as well as apply for the NAP program during open rounds.
Claim Management	The Claims Management will allow an Awardee to submit claims online for payment. This will work for the majority of IHCD A awards that use a claims process. You will be able to submit claims for any award that your organization is the awardee.

4. You will see the Claim Number, the Award Number, the total amount of each claim, what step in the process the claim is at (for example, Claim Submitted by Grantee, Claim Reviewed, Claim Complete), the status of that step – Awaiting Approval, Approved, etc. and the date of the last status. The claims will be listed by order of claim number with the most recent being at the top. Please note the steps that the claim must go through will vary depending upon the funding source.
5. You can search the list for a particular award by clicking on the funnel at the top of the award column.
 - a. Type in the award number being sure to put in the dashes. It is not case sensitive.
 - b. Hit the ‘Enter’ key on the keyboard.
 - c. To un-filter the list – delete the award number and hit the enter key on the keyboard.
6. You can sort the Claims List by Claim Number, Award Number, or Step by clicking on the header of the one of those columns.
7. You can change the list of claims to show claims against ‘Consulting Claims’ by changing the option in the drop-down directly above the claim number.
8. To see the details for a particular claim, click on the Claim Number.



Indiana Housing & Community Development Authority

Welcome Draw Management User

Test Org

Indiana Housing Online Management System

[Logout](#)

[Help](#)

[Return To Programs Listing](#)

[Claim List](#)

[Create Claim](#)

[Manage Award Job Hours](#)

[My Profile](#)

[Manage Users](#)

Claim List

Claims management is designed to allow a grantee to submit your request for reimbursement to IHCDA. The list below will allow you to view all of your active claims. The step represents where your claim is in the payment approval process. To add a new claim, click the link on the left. You can only add new claims for awards where your organization is the grantee, while the award is active, and for funding programs that are currently allowing electronic claims.

Once you submit the claim, you may still need to submit your supporting documentation to IHCDA before your claim will be processed. In the future, this site will allow you to attach electronic copies of your supporting documentation as part of the claim.

Click a claim number to view the claim.

My Awards

Claim No.	Award No.	Claim Total	Step	Status	Status Date
139	WA-09-0007	\$27,750.01	Claim Reviewed	Approved	3/17/2009
137	T08-01000001		Claim Submitted	Awaiting Approval	3/16/2009
135	0910001	\$15,000.00	Submit Claims on Web	Approved	3/16/2009
134	0910001	\$25,000.00	Submit Claims on Web	Approved	3/16/2009
129	WA-09-0003		Claim Submitted by Grantee	Awaiting Approval	3/14/2009

Create a New Claim

Use the 'Create Claim' link to the left of the Claims List to start a new Claim.

You will be prompted to choose the Award against which you want to make a claim. Select the Award from the list. The list will include your active awards. Then click 'Create Claim'.

****Note**** If the award you are looking for is not in the list, there could be several reasons:

- 1) There is an active claim already in progress (only one active claim can be processed at a time for most awards).
- 2) Your organization is not set up as the grantee of the award
- 3) The award is not classified as active with IHCD.



The Claim Detail will include several pages: the Claim Summary page, the Claim Page, the Narrative page, the Vendors page, the Vendor Payments page and the Status page. Navigate through these pages by using the links at the top.

The Claims Summary page shows info about the current claim as well as previous claims for this award. You can see the budget breakdown for the award, previous draws against line items, and the remaining amount for each line item. If your award is not restricted by budgeted line items, you will see all available line items for your award. If your award requires claims against individual buildings, you will see a list of those buildings along with the line items associated with those buildings.

Create Claim

Select an award

0910001

0910001
1231
12321414
CD-009-0001
EX-009-0001
EX-09-0004
EX-09-0005
HD-102-015

Create Claim

[Summary](#) |
 [Claim](#) |
 [Narrative](#) |
 [Vendors](#) |
 [Vendor Payments](#) |
 [Claim Status](#) |
 [Award Job Hours](#)

Line Item	Budget	Previous Claim	Current Claim	Total Claim	Balance to Claim
Short-term Rental Assistance	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Medium-term Rental Assistance	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Security Deposits	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Utility Deposits	N/A	\$0.00	\$0.00	\$0.00	\$0.00

Claim Page

To modify the current claim, click on the 'Claim' link.

Award
Financial Assistance

Remaining Budget: \$5,000.00

Line Item	Total Budget	Remaining Balance	Amount
Bookkeeping/Check Writing	\$0.00	\$0.00	\$0.00
Housing Inspections	\$0.00	\$0.00	
Medium-term Rental Assistance	\$0.00	\$0.00	
Motel & Hotel Vouchers	\$0.00	\$0.00	100
Moving Cost Assistance	\$0.00	\$0.00	
Security Deposits	\$0.00	\$0.00	
Short-term Rental Assistance	\$0.00	\$0.00	
Utility Deposits	\$0.00	\$0.00	
Utility Payments	\$0.00	\$0.00	

Housing Relocation & Stabilization Services

Remaining Budget: \$400,000.00

Line Item	Total Budget	Remaining Balance	Amount
Case Management	\$0.00	\$0.00	
Credit Repair	\$0.00	\$0.00	
Housing Search & Placement	\$0.00	\$0.00	
Legal Services	\$0.00	\$0.00	
Outreach & Engagement	\$0.00	\$0.00	

Other

Remaining Budget: \$55,000.00

Line Item	Total Budget	Remaining Balance	Amount
Administration	\$0.00	\$0.00	
Data Collection & Evaluation	\$0.00	\$0.00	

Comments

Comments about the claim.

Save

The claim page shows info about the current claim for this award. You can see the budget breakdown for the award along with the remaining amount for each line item. Enter the amount you are claiming in the Amount box. If your award is not restricted by budgeted line items, you will see all available line items for your award. If your award requires claims against individual buildings, you will see a list of those buildings along with the line items associated with those buildings.

You may also enter any comments you wish regarding the claim.

Once you have entered your claim amounts and any comments, click the 'Save' button at the bottom of the page.

[Narrative Page](#)

Some funding programs require that narratives be submitted along with each claim. If there are narrative boxes on this page, you must complete them prior to submitting the claim.

[Claim Vendors page](#)

Add a New Vendor to Claim 0910001

Vendor Name:

My Favorite Vendor

DUNS:

You must specify a valid DUNS number for each vendor. If the vendor does not have their own DUNS, the DUNS for your organization will be used in its place.

987654321

☐ Override DUNS

HQ Zip Code:

47970

NAICS Category:

You must specify the North American Industry Classification System code for the services provided by this vendor. If the vendor has provided multiple services, specify the NAICS code that most closely matches the primary service provided.

23 - Construction

NAICS Code:

8310 - Drywall and Insulation Contractors

Description of Services:

Description of service provided.

Add Vendor

ARRA funding programs require that vendor expenses be submitted along with each claim. This information is required for vendors as defined by the ARRA rules. Vendors are specific to each award and only need to be entered once for the duration of an award. If you are unsure as to what must be reported under your award with IHCD, please contact the appropriate IHCD staff member.

To enter the vendor info type in the name of the vendor.

Enter the federally-required Data Universal Numbering System (DUNS) number for the vendor. If the vendor does not have a DUNS number, click the 'Override DUNS' box. The DUNS number should be 9 digits and not used by any other vendors on this claim.

Enter the 5-digit zip code where the vendor's headquarters is located.

Select the North American Industry Classification System code for the services provided by this vendor from the list. If the vendor has provided multiple services, specify the NAICS code that most closely matches the primary service provided. You will need to first select the category and then the more specific code.

Enter a description of the services provided by this vendor. Click the 'Add Vendor' button to add the vendor to

Manage Vendors for Claim 0910001						
Vendor Name	DUNS	Zip Code	NAICS Category	NAICS Code	Description of Services	
My Favorite Vendor	987654321	47970	23 - Construction	8310 - Drywall and Insulation Contractors	Description of service provided.	Edit Delete

the claim. Everything must be filled in before you can save. Once added, the vendors for this claim will be listed in the 'Manage Vendors' area at the bottom of the page.

You can click the 'Edit' button to the right of the vendor's info to make changes to any of the information. You may delete the Vendor by using the 'Delete' button also to the right.

[Vendor Payments Page](#)

Once you have Vendors added to the Claim, you will need to enter the payments you have made to the Vendor. Do this on the Vendor Payments page.

To add a payment, select the Vendor. Then enter the Expense Date and Amount. Item Group and Line Item are optional, select as required by the funding program. You may also enter a Document ID and an Expense Description. Then click 'Add Expense.'

Once you have payments added, they will be listed at the bottom of the screen in the 'Manage Expense' area. From there you can Edit or Delete an individual expense.

Manage Expense Information for Claim 0910001							
Vendor Name	Expense Date	Expense Amount	Document ID	Expense Description	Item Group	Line Item	
My Favorite Vendor	1/1/2009	\$50.00			Housing Relocation & Stabilization Services	Credit Repair	Edit Delete
My Favorite Vendor	1/2/2009	\$150.00					Edit Delete

Total Expenses for This Claim to All Vendors: \$200.00

[Award Job Hours Page](#)

On the Award Job Hours page, enter the number of hours for job-positions that were 'created' with stimulus funds and the number of hours for job-positions that were 'retained' with stimulus funds for this claim. Enter the hours in the construction category and non-construction category. Click the 'Edit' button to enter the hours. Click the 'Update' button to save. Alternatively the Award Job Hours may be entered by clicking the [Manage](#)

Job Hours					
0910001					
Reporting Period	Construction Hours Created	Construction Hours Retained	Non-Construction Hours Created	Non-Construction Hours Retained	
September 2009	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="button" value="Update"/> <input type="button" value="Cancel"/>
August 2009	0.00	0.00	0.00	0.00	<input type="button" value="Edit"/>
July 2009	0.00	0.00	0.00	0.00	<input type="button" value="Edit"/>

[Award Job Hours link](#). Job information should be entered monthly and must be completed before the third day after the quarter ends.

<input type="button" value="Submit Claim"/>	<input type="button" value="Print Receipt"/>
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[Submitting the Claim and Receiving a Receipt \(Summary Page\)](#)

Once you have entered all the information, you will need to submit the claim. Go to the Summary page and hit 'Submit' at the bottom of the page.

If everything is complete, you will receive a receipt for the claim. You will also need to submit the required documentation on paper to IHCD. The claim will not be processed until the paper documentation is received.

You can also print the receipt later by clicking the 'Print Receipt' button.

[Managing Award Job Hours](#)

For each award under the Recovery Act, IHCD is required to report information on the job-positions created and the job-positions retained. This information will be collected on a monthly basis and must be submitted no later than 5 days after the end of the quarter. You will need to report the total hours worked by all employees whose job was either created or retained due to this award. For employees that have multiple duties and only a portion of this project funded those duties, only report on the hours directly related to this award. If your organization has multiple awards, you must report the employee hours that are directly related to each award separately.

Job information should be entered monthly and must be completed before the third day after the quarter ends.

Click the Manage Award Job Hours link to enter Job Hours for an award.

[Return To Programs Listing](#)

[Claim List](#)

[Create Claim](#)

[Manage Award Job Hours](#)

[My Profile](#)

[Manage Users](#)

You must then select the award for which you wish to enter hours.

Click the 'Edit' button to enter the hours. Click the 'Update' button to save. Note if you have entered hours as part of a claim, those hours will be displayed.

Award Number:

09-04-0001
0910001
1231
12321414
09-08-0001

Job Hours 0910001

Reporting Period	Construction Hours Created	Construction Hours Retained	Non-Construction Hours Created	Non-Construction Hours Retained	
September 2009	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="button" value="Update"/> <input type="button" value="Cancel"/>
August 2009	0.00	0.00	0.00	0.00	<input type="button" value="Edit"/>
July 2009	0.00	0.00	0.00	0.00	<input type="button" value="Edit"/>